WEST VALLEY CITY POLICE DEPARTMENT RECORDS REQUEST

3575 S Market St. West Valley City, UT 84119

	(801) 963-3226	
LAST NAME:	FIRST:	MI:
ADDRESS:	CITY:	ST:ZIP:
DATE OF BIRTH: (MM/DD/YY	YY) / /	
DAYTIME PHONE # ()	_HOME #()
CELL# ()	DATE OF REQUEST:	TIME:
RECORDS REQUESTED: (case 1	numbers, if possible)	
Total # of Reports		
REASON WHY I AM REQUEST	TING THESE RECORDS:	
PLEASE READ T	HE FOLLOWING BEFORE SIGN	NING THIS REQUEST
Access Management Act (GRAMA		quirements of the Government Record our request will be handled as soon a d.
"Protected", and will be edited		ny contain information that is classified a may only be disclosed under certai to view a record.
	<mark>report)</mark> to cover the actual cost of rese to change if extensive research and	earch and duplicating a record if copie l copies are requested.
Requester's Signature:		Date:
FOR DEPAR	RTMENT USE ONLY - DO NOT W	RITE IN THIS AREA
	Gee Waived By: ove location □Will pick up □ Date	
	Authorized release by: & Reason)	
Report(s) released: Mailed Clerk's Signature:		FAX Date: